

F15000002915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

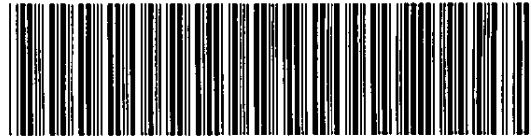
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/28/15--01006--011 **35.00

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DEPARTMENT OF REVENUE
DIVISION OF TAXATION
15 JUL 28 AM 9:51
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Name chg

JUL 29 2015

ALBRITTON

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE
TALLAHASSEE FLORIDA 32312
(850) 656-4724
TOLL FREE: 844-541-6792

COVER LETTER

WALK IN

ENTITY NAME: Silvergate Funding, Inc

CK # 1844

AMOUNT: 35

PLEASE FILE THE ATTACHED AND RETURN:

☒ PLAIN COPY

☐ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Silvergate Funding, Inc.
Name of Corporation

DOCUMENT NUMBER: F1500002915

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isela Calderon

Name of Contact Person

Wolz Corporate USA, Inc.

Firm/Company

36 South 18th Avenue, Suite D

Address

Brighton, CO 80601

City/State and Zip Code

isela@wolzcorporate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isela Calderon

Name of Contact Person

303

655-9659

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA ←

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F15000002915

(Document number of corporation (if known))

1. Silvergate Funding, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Maryland

(Incorporated under laws of)

3. July 2nd, 2015

(Date authorized to do business in Florida)

2015 JUL 28 AM 9:51
RECEIVED
DEPARTMENT OF
STATE

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? July 14th, 2015

5. Traditional Mortgage Acceptance Corporation

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation) ←

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

David Fontanilla

(Signature of a director, president or other officer - if in the hands
of a receiver or other court appointed fiduciary, by that fiduciary)

David Fontanilla

(Typed or printed name of person signing)

President

(Title of person signing) ←

JUL 14 2015

ARTICLES OF AMENDMENT

State Department of
Assessments and Taxation
301 W. Preston St.
Baltimore, Md. 21201

(1)

Silvergate Funding, Inc.

(2) a Maryland corporation hereby certifies to the State Department of Assessments and Taxation of Maryland that:

(3) The charter of the corporation is hereby amended as follows:

Article 1 of the Corporation's Certificate of Incorporation is hereby deleted in its entirety, and replaced as follows:

"Article 1. Name. The name of the Corporation is Traditional Mortgage Acceptance Corporation."

AP

This amendment of the charter of the corporation has been approved by

(4) The directors. No stock has been issued.

We the undersigned President and Secretary swear under penalties of perjury that the foregoing is a corporate act.

(5)



Secretary
Kenneth Dunn

(5)



President
David Fontanilla

(6) Return address of filing party:

Wolz Corporate USA, Inc.

36 south 18th Avenue, Suite D

Brighton, CO 80601

CUST ID:0003282778
WORK ORDER:0004499358
DATE:07-15-2015 12:09 PM
AMT. PAID:\$192.00

STATE OF MARYLAND

I hereby certify that this is a true and complete copy of the 2
page document on file in this office. DATED: 7-15-15

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION:

BY:  Custodian

This stamp replaces our previous certification system. Effective: 6/95

CORPORATE CHARTER APPROVAL SHEET

**** EXPEDITED SERVICE ****

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE 06422 BUSINESS CODE 03

D-14152063

Close _____ Stock ✓ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

FEES REMITTED

Base Fee: 100

Org. & Cap. Fee: _____

Expedite Fee: 20

Penalty: _____

State Recordation Tax: _____

State Transfer Tax: _____

1 Certified Copies

Copy Fee: 22

Certificates _____

Certificate of Status Fee: _____

Personal Property Filings: _____

Mail Processing Fee: _____

Other: _____

TOTAL FEES: 192

Credit Card _____ Check ✓ Cash _____

_____ Documents on _____ Checks

Approved By: 13

Keyed By: _____

COMMENT(S):

Affix Barcode Label Here

Affix Barcode Label Here

New Name Traditional Mortgage
Acceptance Corporation

✓ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent
and Resident Agent's Address
_____ Change of Business Code

_____ Adoption of Assumed Name

_____ Other Change(s)

Code 190

Attention: _____

Mail: Names and Address

Stamp Work Order and Customer Number HERE

CUST ID: 0003282778
WORK ORDER: 0004499358
DATE: 07-15-2015 12:09 PM
AMT. PAID: \$192.00